Application for Permission to  
Conduct Outside Professional  
Activities

This application should be completed with reference to the provisions of the University’s [Policy on Outside Professional Activities](https://www.flinders.edu.au/content/dam/documents/staff/policies/people-culture/outside-professional-activities.pdf) (the Policy) and associated [Guidelines](https://www.flinders.edu.au/content/dam/documents/staff/policies/people-culture/outside-professional-activities-guidelines.pdf), and the [Cost Recovery and Pricing Policy](https://www.flinders.edu.au/content/dam/documents/staff/policies/fees-finance/cost-recovery-and-pricing.pdf). University staff have an obligation to inform the University, through their supervisor, about any proposed outside professional activity. Unless the activity is specifically excluded (Policy clause 4.2) or considered to be an exception (Policy clause 4.3), you should assume that you will need formal approval. You should consult your supervisor or Cost Centre Head if there is any doubt. The University encourages its staff to engage in outside professional activity and undertakes to approve all reasonable proposals, subject to the requirements of the Policy.

This form has been designed for completion electronically. It contains check boxes, text fields and drop-down lists which do not appear in the printed blank form.

|  |  |
| --- | --- |
| SECTION 1: Application Type - Choose an item. | |
| Business or company interest or role e.g. directorship, partnership, shareholding, advisory role; OR  Other of type: Choose an item. If not listed, provide short description: Click here to enter text. | |
| SECTION 1A: Responsibility - University or Private? Refer to clauses 5 and 9 of the Policy and nominate whether the University or one of its controlled entities will be responsible for your involvement in this outside professional activity (preferred) or if approval is being sought to conduct the activity in a private capacity, where you accept responsibility and liability for the activity. Consult your supervisor or Cost Centre Head if you are uncertain. | |
| University responsible  Controlled entity responsible Choose an item.  NOTE: Business/company roles can be approved as ‘University’ when the company is not a University controlled entity or the University has not nominated you to the position, depending on the company’s arrangements for indemnity and insurance of directors and office bearers (see Section 8, Q6). | Private **(YOU MUST COMPLETE SECTION 4)**  **Reason**: Choose an item.  **If Other, specify**: Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| SECTION 2: Applicant Details | | | |
| **Title:** Choose an item. | **First Name**: Enter name. | | **Last Name**: Enter name. |
| **College/Portfolio**: Choose an item. | | | **Team**: Click here to enter text. |
| **Phone Ext**: Enter phone no. | | **Email**: Click or tap here to enter text. | |
| **Classification**: Choose an item. | | **If part-time, appointment fraction**: Enter fraction | |

|  |  |  |
| --- | --- | --- |
| SECTION 3: Intellectual Property Acknowledgement and Conflict of Interest Declaration This section must be completed, even if making a Nil declaration. | | |
| In making this application, I acknowledge that the University either retains ownership of all intellectual property created by me in the course of my employment, or, in the case of material of which I am the copyright owner, the University has a non-exclusive licence to use the work or subject matter, including for commercial purposes (Intellectual Property Policy clause 3).  I declare that I have read the Policy on Outside Professional Activities, Section 3.2 Staff obligations and Section 3.3, Conflict of interest, and that I understand my obligation to avoid conflicts between my personal interests and the interests of the University (or its controlled entities) and to disclose any personal or pecuniary interests surrounding this proposed outside professional activity. **Please indicate the nature and extent of each interest or respond ‘*Nil*’**.  Click here to enter text. | | |
| Signature: | | Date: Click to enter a date. |
| SECTION 4: Complete for Private outside professional activity ONLY. Refer Policy clauses 5 and 9 Not applicable, University/controlled entity responsible | | |
| **NOTE**: If all of the following conditions cannot be met, the activity can only be approved and conducted as University outside professional activity, unless the Vice-Chancellor grants a waiver of the condition/s in accordance with clause 9.3.2 of the Policy.  **I declare that**: | | |
|  | 1. The proposed Private professional activity will be undertaken in its entirety at a location other than the University campus and no University resources will be used, including my office or other facilities, University support staff, stationery, library resources or services, University e-mail account and other ICT facilities or billing arrangements (Policy clause 9.2.1). 2. This activity does not involve transfer of University intellectual property, including know-how, to a third party (Policy clause 9.2.2). 3. I will not use the University name, crest, or letterhead, e-mail or web address, or make any other explicit association with the University in conjunction with the activity (Policy clause 9.2.3). 4. I accept responsibility for the outcomes of the activity and for all financial arrangements including billing, taxation and insurance (Policy clause 9.2.4) and income from the activity will not be paid into University accounts unless by formal donation (Policy clause 10.1). 5. I have attached evidence of Professional Indemnity Insurance and Public Liability Insurance coverage for all potential damage or loss that may be sustained as a result of negligence carried out in the course of performing this private activity (Policy clause 9.2.5). Note: if the activity is to be delivered outside Australia then the insurance must be valid for the relevant jurisdiction. 6. I have attached evidence of my clients being informed, in writing, that my professional services are not provided as an agent of the University and the University bears no liability for performance of my services (Policy clause 9.2.6). 7. I seek a waiver of the unchecked condition/s above and my justification follows. I understand that if the Vice-Chancellor waives the requirement that I have my own public liability and professional indemnity insurance covers, this does not mean that the University is providing these indemnities. | |
| **Signature**: | | **Date**: Click to enter a date. |

|  |  |
| --- | --- |
| SECTION 5: Client/Company receiving the benefit of your professional expertise. If the activity is to be conducted in a private capacity for individual clients who remain anonymous you do not need to complete this section. | |
| **Contact person and position**  Click here to enter text. | **Client/entity/company name and address:**  Click here to enter text. |
| **ABN**: Click here to enter text. |

|  |  |
| --- | --- |
| SECTION 6: Description of the outside professional activity | |
| **Start Date**: Click here to enter text.  **Duration**: Click here to enter text. | **More than one day/week (FTE)?**  yes  no  **If yes, weekly time commitment**: |
| **Does this outside professional activity attract remuneration?**  Yes  No | |
| **Provide a brief description of:**   1. the areas in which the client or company that will receive the benefit of your professional expertise operates, or plans to operate   Click here to enter text.   1. the nature and purpose of your professional services (if a company role, provide position tile and/or description of role   Click here to enter text.   1. any alternative arrangements made or required in order for you to participate in the activity without adverse impact on your normal University duties   Click here to enter text.   1. If seeking ongoing or blanket approval for this activity, specify exactly what you expect to be covered by the blanket approval. Click here to enter text. | |
| **Benefits of the activity** include:  advancement of the community service goals of the University;  enable staff member to remain at the forefront of their professional area;  enable staff member and the University to share in the financial benefits of paid professional work;  other, specify: Click here to enter text. | |

|  |  |  |
| --- | --- | --- |
| SECTION 7: Ethics and Biosafety If the activity is outside professional activity for which the University will be legally responsible and the answer to any of these questions is “Yes”, approval of the appropriate committee must be obtained and copies of the approval attached to this form, or obtained subsequent to permission being granted and forwarded before the activity commences. | | |
| Does the activity involve: the use of surveys and audio taping; questionnaires to obtain any form of personal information; access to medical or other personnel records; investigation of human behaviour; routine testing of human subjects; the administration of drugs, chemical agents or vaccines; or other experimentation on human beings? | yes | no |
| Does the activity involve the use of animals? | yes | no |
| Does the activity involve recombinant DNA procedures? | yes | no |
| Does the activity involve the use of hazardous organisms? | yes | no |

|  |
| --- |
| SECTION 8: Resources and Risks (Relevant clauses of the Policy include clauses 5, 6 and 8). |
| 1. If the activity is one for which the University/controlled entity will have legal responsibility and you need to use University resources beyond the limit of your own office, telephone, e-mail, such that the use might impact on others or core University activities of teaching and research, e.g. involving general staff, common service equipment etc, you MUST discuss with your supervisor in the first instance and provide details of the resources need to fulfill your obligations to the client.   not applicable (limited use of resources or private outside professional activity)  Details follow:  Click here to enter text. |
| 1. Does the proposed activity involve use of an item of teaching material produced in the course of your employment? The University’s position on use of teaching materials is outlined at clause 4 of the Intellectual Property Policy.   No  Yes, details follow:  Click here to enter text. |
| 1. If you are seeking to involve students in this activity, you MUST ensure compliance with clause 8.1.3 of the Policy. Discuss with your supervisor in the first instance and provide details.   Not applicable; OR  Details follow [Attach written evidence that students agree to participate]:  Click here to enter text. |
| 1. If the activity is one for which the University will have legal responsibility, you MUST have regard to the effect on the University as a corporate entity of any commitment to an external client. Do you declare that you are able to meet your obligations to the client and have made/will make arrangements with your supervisor/Head of AOU for records and data associated with the activity to be maintained and stored in the event of dispute or legal proceedings?   Yes or not applicable or private outside activity; OR  No, explanation follows:  Click here to enter text. |
| 1. If the activity is not a business or company role and the University/controlled entity will have legal responsibility, is the activity being covered by an agreement with the client, addressing obligations of the parties and identifiable risks including confidential information, intellectual property, physical damage or injury indemnities? If a University controlled entity has oversight of this activity, the answer will be yes. Otherwise, you can contact the Office of Research for a suitable University consultancy agreement or contract for signature by an authorized officer of the University. If there is no agreement, provide an explanation about the arrangement with the client. Include details of any verbal undertakings and attach any relevant correspondence about the arrangement. The Cost Centre Head need sufficient information for a judgement about risk management in the absence of an agreement with the client.   Yes or not applicable or private [**Attach** the University consultancy agreement or contract, if applicable]; OR  No agreement. Explanation follows and any relevant correspondence is **attached**:  Click here to enter text. |
| 1. If the activity is a director or office bearer role in a company other than a University controlled entity, what are the company’s current arrangements for indemnity and insurance of directors and office bearers?   Not applicable; OR  Details follow [Attach certificate of currency]:  Click here to enter text. |

|  |
| --- |
| SECTION 9: Business/Company Role Remuneration and Expenses Not applicable |
| Expected Remuneration as director/officer fees (excluding GST) : $ Enter amount.  If the University/controlled entity is responsible for your involvement in this company, the University’s minimum 35% overhead will be levied from the GST exclusive payment for reinvestment in University infrastructure. |
| Provide details of any interest held by you or your associates in the company as shares, share options, dividend payments, classes of shares held and total issued capital of the company:  Click here to enter text. |

|  |  |
| --- | --- |
| SECTION 10: FOR COMPLETION ONLY IF THE OUTSIDE PROFESSIONAL ACTIVITY IS REMUNERATED AND THE UNIVERSITY IS RESPONSIBLE Not applicable  Note: A 35% overhead will be levied from the GST exclusive income for reinvestment in University infrastructure unless varied by the Cost Centre Head. | |
| SECTION 10A: Remuneration to Applicant | |
| Nominate the way in which your share of the remuneration is to be paid to you.  as a one-off salary payment with PAYG deducted; or  posted to the following University account and waive all future rights to be paid as salary.  (Entity/Cost Centre/Project/Account)  Click here to enter text. | |
| SECTION 10B: ‘Other’ Outside Professional Activity Remuneration and Expenses | |
| **Total Remuneration payable to the University (excluding GST)**: $ Enter amount.  If exact payment cannot be provided, please provide indicative figures, such as rates/hour or rates/day and an estimated total amount. | |
| **Budget attached** (if the payment includes charges for University general staff, equipment etc).  Please note that the Cost Recovery and Pricing Policy requires that you consult with the Faculty Resources Officer, or equivalent, about the budget/charge to the client. It is not necessary to consult if the remuneration for this activity is set by the client. | |
| SECTION 10C: Cost Centre Resources Officer Authorisation Not applicable, as the remuneration for this activity has been set by the client e.g. director fee | |
| I confirm that the applicant has consulted me about the fee to be charged for this University outside professional activity and it is in accordance with the Cost Recovery and Pricing Policy; OR  I recommend approval as a variation of the Cost Recovery and Pricing Policy (see comment below). | |
| **Comment**:  Click here to enter text. | |
| **Signature**: | **Date**: Click to enter a date. |
| **Print Name**: Click here to enter text. | **Position**: Click here to enter text. |

|  |  |
| --- | --- |
| SECTION 11: To be completed by the Supervisor and Cost Centre Head | |
| **I approve/recommend approval** of this application, **(if applicable )**  **subject to** the Vice-Chancellor waiving the conditions for approval as private outside professional activity in accordance with Policy clause 9.3.2 and the applicant’s request at section 4(7).  In recommending approval of this application, I am satisfied that:  The staff member is satisfactorily performing their normal duties of employment; AND  The activity will not prevent the staff member from fulfilling his/her normal duties; AND  The activity does not adversely impact on availability of resources for core activities of teaching and research, or compete with the activities or services of the University or its controlled entities and contrary to the best interests of the University; AND  Appropriate Ethics and Biosafety approvals have/will be obtained, where necessary; AND  Avoidance of actual or potential conflict of interest with the interests of the University or its controlled entities has been considered and addressed, where applicable; AND  There has been proper consideration of: potential legal responsibilities and liabilities; protection of the University’s confidential information and intellectual property; the University’s duty of care in respect of the health, welfare and safety of students and staff; management of associated risks; and the activity is not likely to compromise the reputation of the University. | |
| **Supervisor Comment**:  Click here to enter text. | |
| **Supervisor Signature**: | **Date**: Click to enter a date. |
| **Cost Centre Head Signature**: | **Date**: Click to enter a date. |
| **Cost Centre Head Comment**:  Click here to enter text. | |

|  |  |
| --- | --- |
| SECTION 12: For completion by (i) the Deputy Vice-Chancellor (Research) (for approval of business/company role only) and/or (ii) the Vice-Chancellor (for waiver of clause 9.3.2 conditions) | |
| 1. As Deputy Vice-Chancellor (Research),   I **reject** this application; OR  I **approve** this application; OR  I **recommend approval, subject** to the Vice- Chancellor waiving the conditions for approval as private outside professional activity in accordance with Policy clause 9.3.2. | (ii) As Vice-Chancellor,  I **approve** waiver of the 9.3.2 conditions for performance of outside professional activity in a private capacity requested at Section 4 of the form; OR  I **reject** the waiver request and the application is not approved. |
| **Comment**:  Click here to enter text. | **Comment**:  Click here to enter text. |
| **Signature**: | **Signature**: |
| **Date**: Click to enter a date. | **Date**: Click to enter a date. |

# DISTRIBUTION:

**Cost Centre Head** to forward original to DVC (Research) or VC for approval, if required, or otherwise to Central Records for filing. **DVC (R) or VC** (last signatory) to ensure copies are forwarded to the applicant, supervisor and Cost Centre Head; original to be retained on the central file.

**Central Records** to folio the application and refer the central file to Human Resources for filing on the applicant’s personal file.